



PU000178

DECLARATION AND POWERS OF ATTORNEY

As a below named inventor, I hereby declare that:

Benoit Pol Menez andCarolynn Rae Johnson

Residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

CONTROL SPENDING BASED ON TIME PERIODthe specification of which was filed on 12/21/00 as Application Serial No. 09/745,205 and was amended on _____, or, if not identified here by filing date and serial number, is attached hereto.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate by me or my representatives or assigns for this invention having a filing date before that of the application on which priority is claimed.

Application No. _____ in _____ on _____ priority claimed ☐ Yes ☐ NoApplication No. _____ in _____ on _____ priority claimed ☐ Yes ☐ NoApplication No. _____ in _____ on _____ priority claimed ☐ Yes ☐ No

I hereby claim the benefit under 35 USC 119(e) of any United States provisional application(s) as listed below.

Application No. _____ Filed _____

Application No. _____ Filed _____

I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application

Serial No. _____ Filed _____ ☐ patented ☐ pending ☐ abandonedSerial No. _____ Filed _____ ☐ patented ☐ pending ☐ abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint, individually and collectively, the following as my/our attorney or agent with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

Joseph S. Tripoli	Registration No. <u>26,040</u>	and
Robert D. Shedd	Registration No. <u>36,269</u>	and
Frank Y. Liao	Registration No. <u>40,065</u>	and
	Registration No. _____	

PLEASE ADDRESS ALL

COMMUNICATIONS TO: JOSEPH S. TRIPOLI

PATENT OPERATIONS

Thomson multimedia Licensing Inc.

P.O. Box CN 5312

PRINCETON, NEW JERSEY 08543-0028

Sole or Joint Inventor (1)	<u>Benoit Pol Menez</u>	<u>Benoit Pol Menez</u>
	(Type or Print)	(Signature in Full. No initials.)
Citizenship	<u>France</u>	Date <u>2001-03-08</u>
Post Office Address	<u>1387 Sumac Court</u>	
Residence	<u>Carmel, Hamilton County, Indiana 46033</u>	
Sole or Joint Inventor (2)	<u>Carolynn Rae Johnson</u>	<u>Carolynn Rae Johnson</u>
	(Type or Print)	(Signature in Full. No initials.)
Citizenship	<u>USA</u>	Date <u>2001-03-08</u>
Post Office Address	<u>10736 Cornerstone Court</u>	
Residence	<u>Indianapolis, Hamilton County, Indiana 46280</u>	
Sole or Joint Inventor (3)	_____	_____
	(Type or Print)	(Signature in Full. No initials.)
Citizenship	_____	Date _____
Post Office Address	_____	
Residence	_____	